

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Martha M Bishoff

CERTIFICATE OF DEATH

Died at Near Hoyes

Town

County

MARYLAND

Date of death 1906

Month

Day

Years

Months

Days

Apr

7

5

5

1

Sex Female

Color or Race

white

Birth-place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's Name

Thomas E Bishoff

Father's Birthplace

Md

Mother's  
Maiden Name

Name of person giving  
Information

George E Bishoff

Mother's Birthplace

Gran Father

CAUSES OF DEATH

Primary

Syphord fever

How long

3 wks

Immediate

"

①

How long

Are the name, age, sex, color, date  
and place correctly given above?

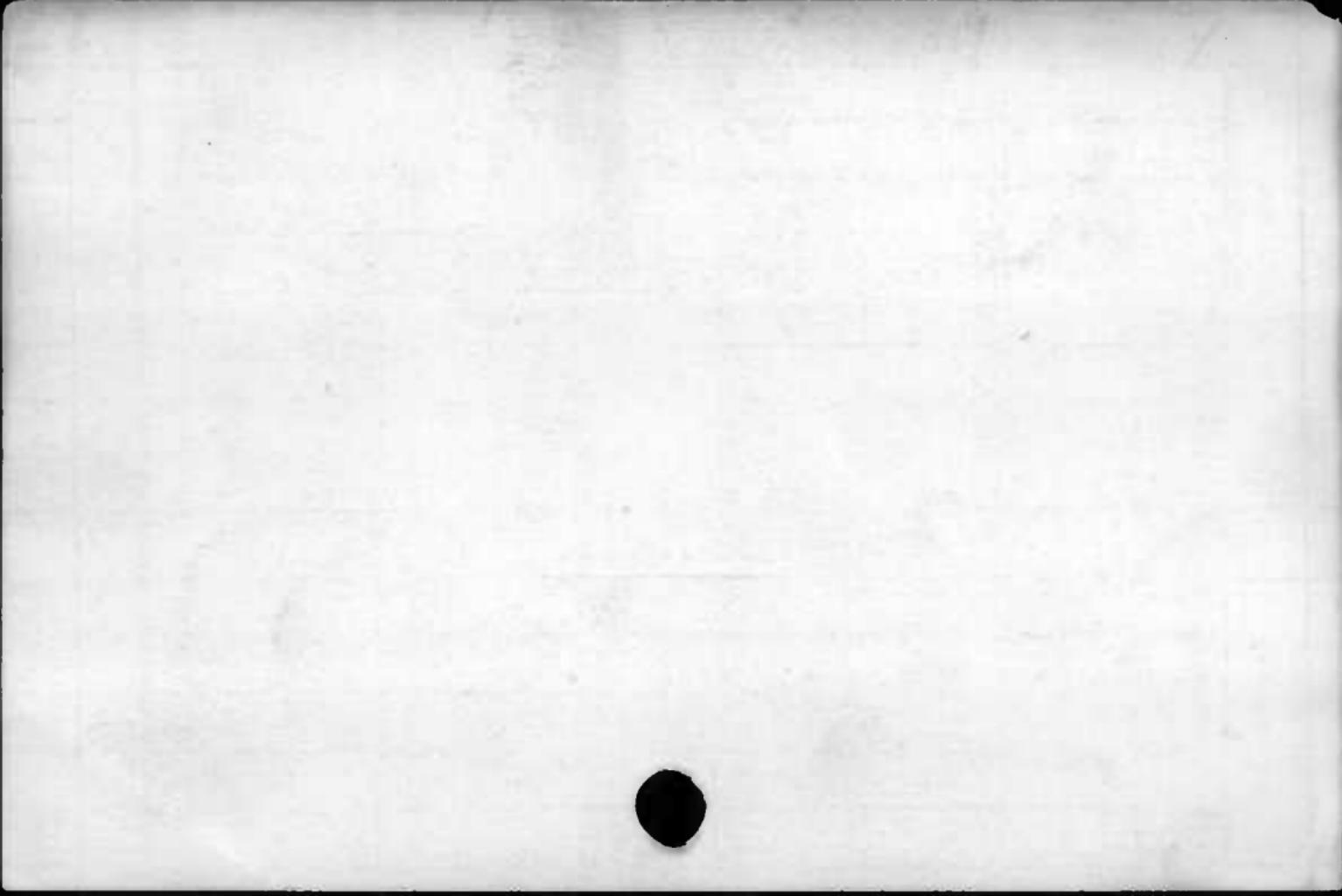
Yes

Signature of  
Physician

Address

Dr. Mason MD  
Frederickville  
Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at	Hansen	Town	Bitner	County		
Date of death	1906	Month April	26	Day	Years	Months
Sex	Female	Color or Race	White	Age	—	Days
Occupation	Infant	Where Residing if not at place of death				—
Married, Single or Widowed	—	Name of Wife or Husband				—
Father's Name	Henry	Bitner				Father's Birthplace
Mother's — Maiden Name	Adelia	Isaaser				Mother's Birthplace
Name of person giving information	J Gilbert Selby				How related to deceased	not related

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Atelectasis

(5)

How long

—

Immediate

Asphyxia

How long

—

Are the name, age, sex, color, date and place correctly given above?

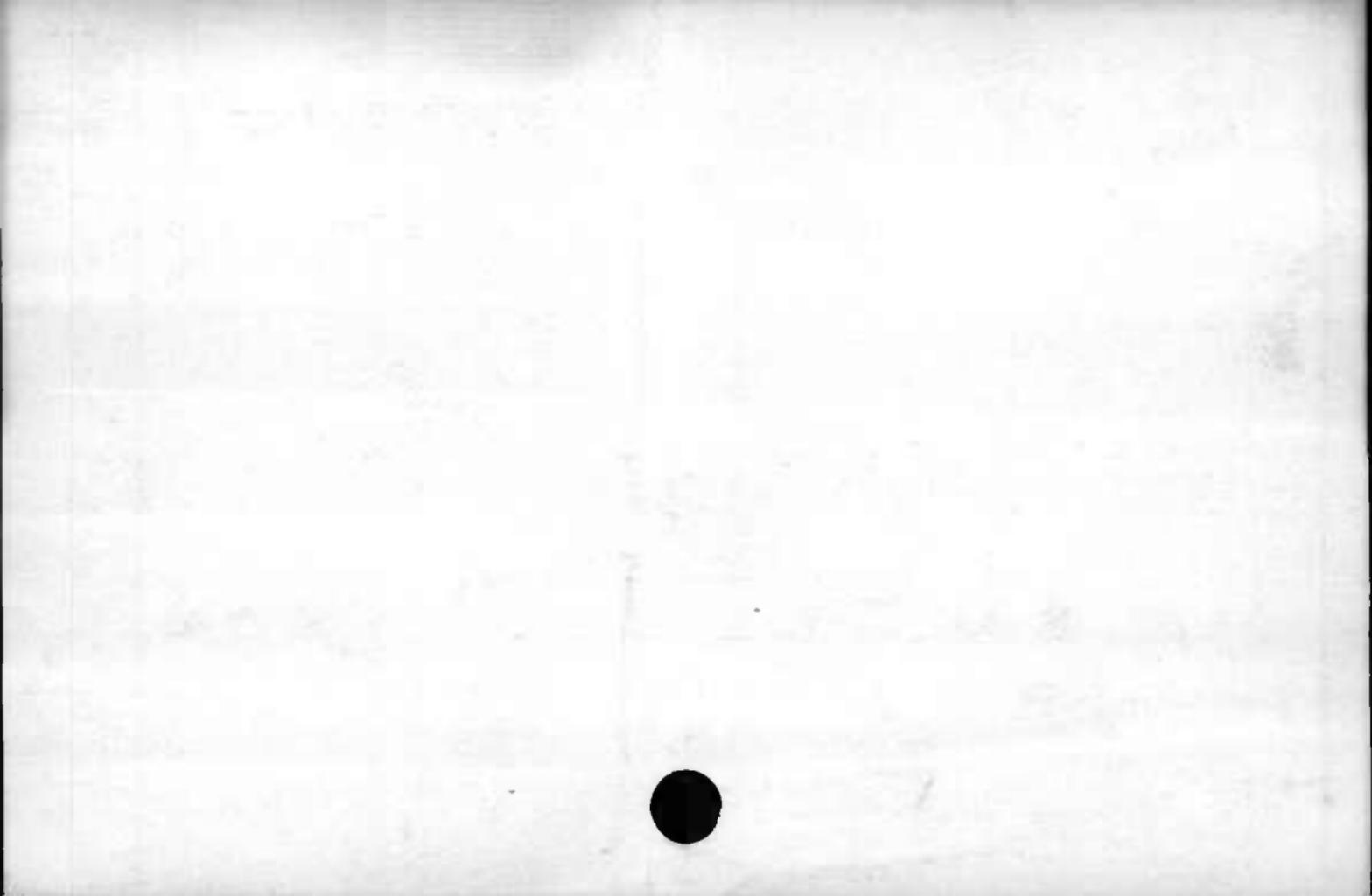
Signature of Physician

as far as I know

Address

J Gilbert Selby  
Eglan W. Va

Accident or Suicide?



Name  
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NEAREST FRIENDPHYSICIAN  
OR CORONER

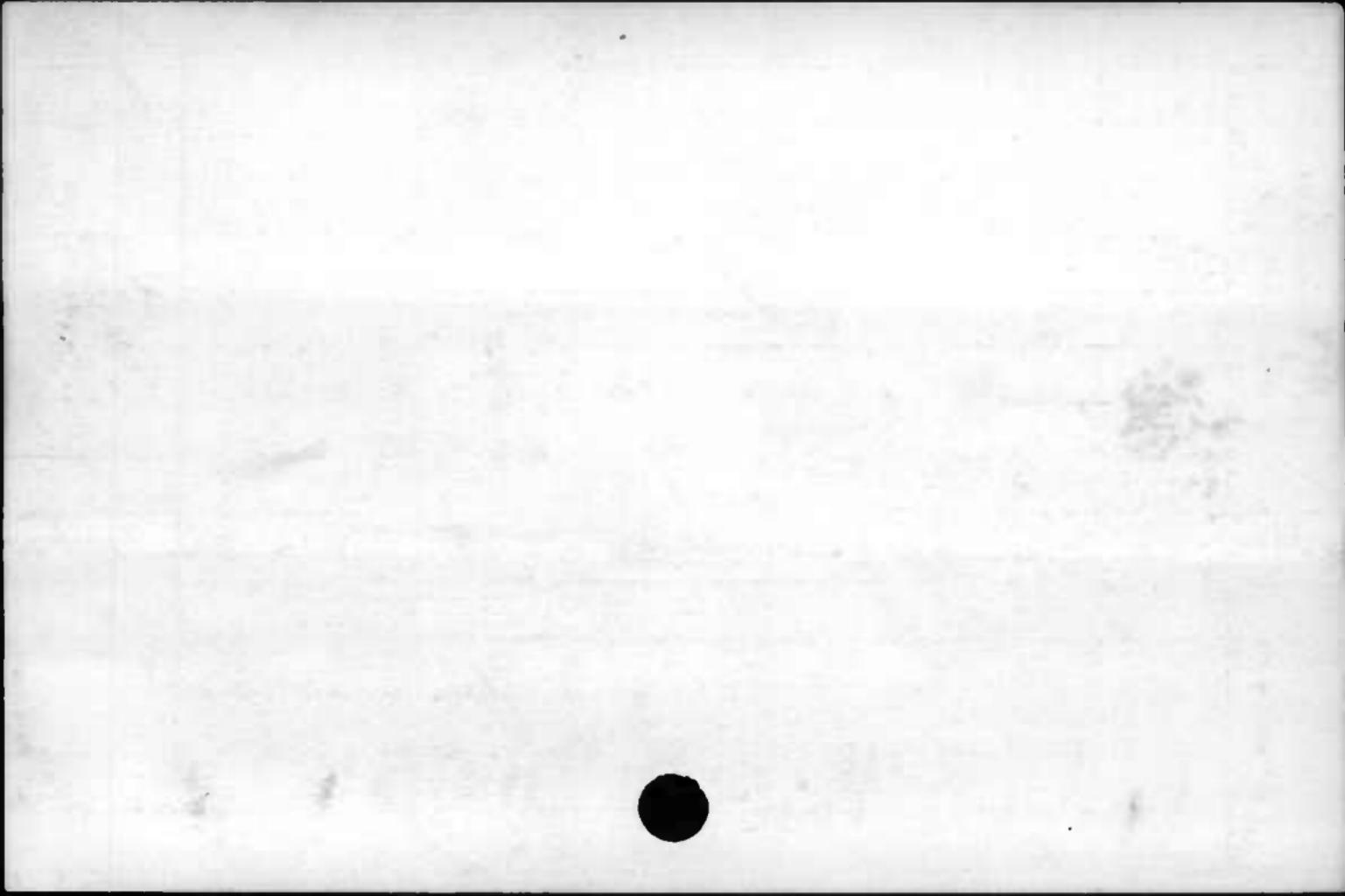
Cora Octavia Clark

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	April	22	1	6	3	
Sex	Female	Color or Race	White	Birth-place	Bloomington, Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Jacob Laken Clark					
Mother's Maiden Name	Ella Mason					
Name of person giving Information	Mrs Clark					
Father's Birthplace	Virginia					
Mother's Birthplace	W					
How related to deceased	Mother					

## CAUSES OF DEATH

Primary	Measles	—	6	How long	1 wk
Immediate	Bronch Pneumonia			How long	3 days.
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	HMKemp.
				Address	Bloomington, Md.
Accident or Suicide?					



Name  
in  
Full

Sarah Cordelia Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Bloomington</u>		Town	County <u>Garnett</u>	MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>23</u>	Age <u>7</u>	Years	Months <u>1</u> Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Virginia</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Jacob Cullen Clark</u>	Father's Birthplace <u>Wa</u>				
Mother's Maiden Name <u>Ella Mason</u>	Mother's Birthplace <u>11</u>				
Name of person in formation <u>Mrs Clark</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

Primary	<u>Measles</u>	(6)	How long	<u>7 days</u>
Immediate	<u>Capillary Bronchitis</u>		How long	<u>5 "</u>

Are the name, age, sex, color, date and place correctly given above?

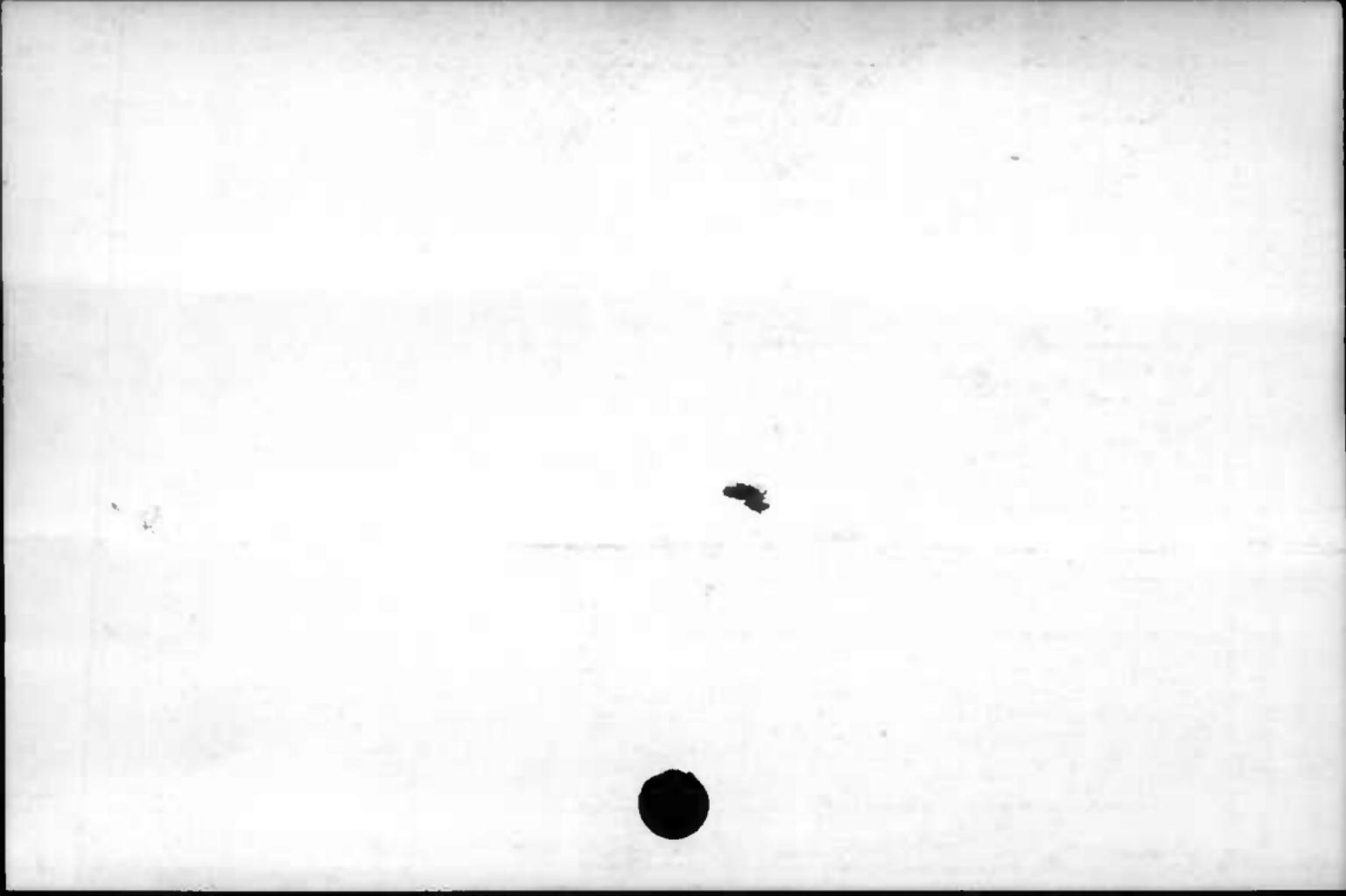
Yes

Signature of Physician

A. M. Keay  
Bloomington

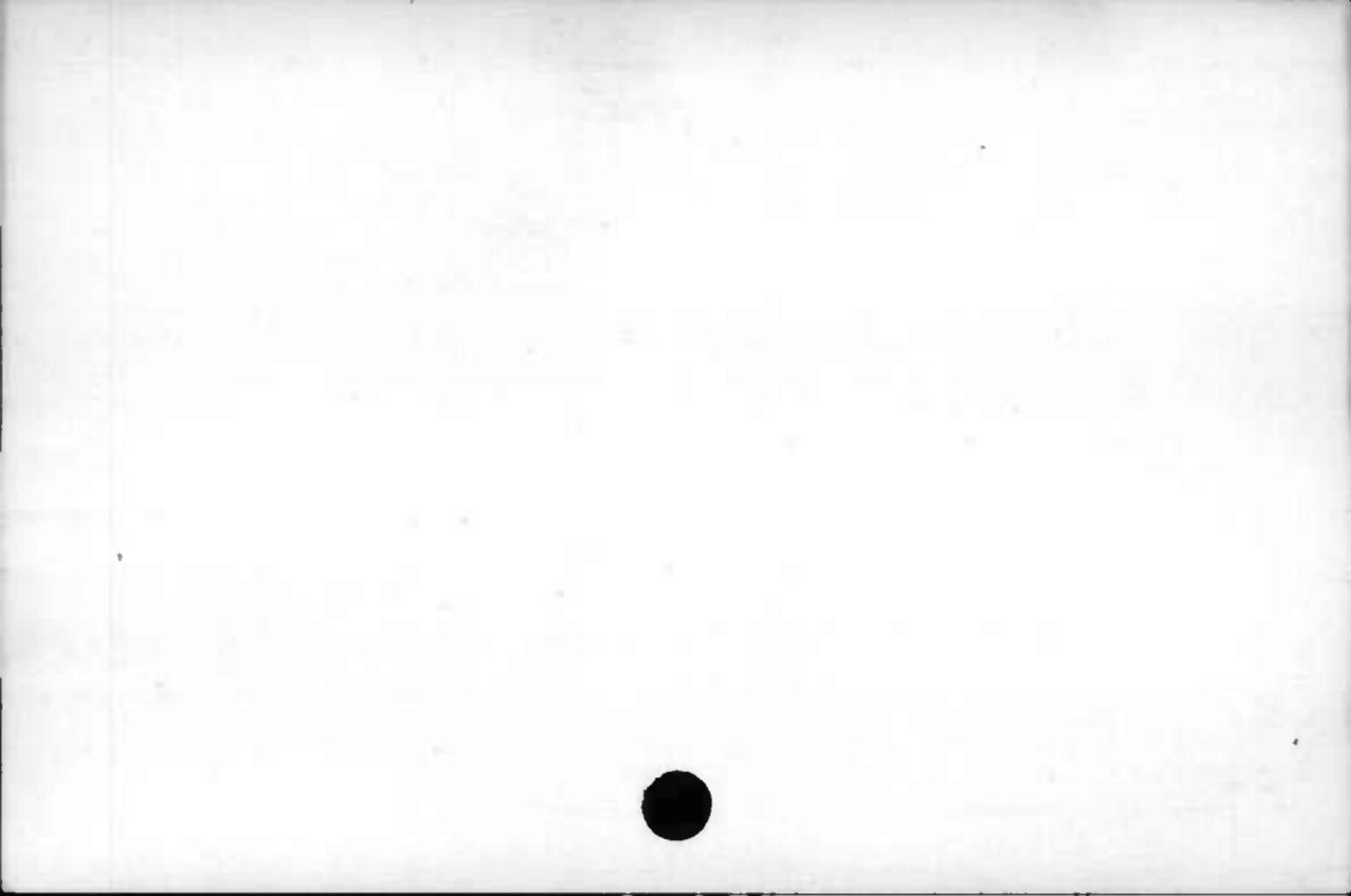
Address

Accident or Suicide?



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>wilsons</u>		Town	County <u>Garnett</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>5</u>	Age <u>7</u>	Years	Months <u>7</u>	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>md</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband					
Father's Name <u>Michael Felkey</u>	Father's Birthplace <u>Poland</u>					
Mother's Maiden Name <u>Rose McRobie</u>	Mother's Birthplace <u>md</u>					
Name of person giving Information <u>Jacob Gorder</u>	How related to deceased <u>neighbor</u>					
CAUSES OF DEATH						
Primary	<u>Opium</u>		<u>175</u>	How long		
Immediate	<u>Convulsions</u>			How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>G. Gruenbacher M.D.</u>			
		Address	<u>Silverton Md</u>			
Accident or Suicide?						



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Deer Park</u>		Town	County <u>Garrett</u>		MARYLAND	
Date of death <u>1906 April</u>	Month	Day <u>11</u>	Age <u>73</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race	<u>white</u>		Birth-place	<u>2nd</u>	
Occupation <u>None</u>	Where Residing if not at place of death					<u>✓</u>
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jennie Chesholm Freeland</u>		Father's Birthplace		<u>✓</u>	
Father's Name	<u>✓</u>		Mother's Birthplace		<u>✓</u>	
Mother's Maiden Name	<u>✓</u>		How related to deceased		<u>✓</u>	
Name of person giving information						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart Disease

How long

Several months

(19)

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

J. W. Loughlin  
Deer Park

8, 8

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Oakland</u> Town		<u>Friend</u> County			
Date of death <u>1906</u>	Month <u>April</u>	Day <u>30</u>	Years <u>14</u>	Months <u>14</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Garrett Co</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>At place of death</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Chas. F. Friend</u>			Father's Birthplace <u>Garrett Co</u>		
Mother's Maiden Name <u>Hattie Keltkau</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Chas A. Keltkau</u>			How related to deceased <u>Second Son</u>		

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

Three weeks

Immediate

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Henry W. Hodges  
Oakland Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Maria Eva Gehringer						CERTIFICATE OF DEATH	
Died at		Town Accident	County Garrett		MARYLAND		
Date of death	Month April	Day 27	Years Age 72		Months	Days	20
Sex Female	Color or Race white				Birth- place Germany		
Occupation House wife	Where Residing If not at place of death						
Married, Single or Widowed married	Name of Wife or Husband Adom Gehringer						
Father's Name Leonard Fisher	Father's Birthplace Harmony						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving Information John Gehringer	How related to deceased Son						

CAUSES OF DEATH

Primary  
Sensit - 154 How long

Immediate  
Liver & stomach trouble 154 How long 16 years

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?

H.R. Bolyer MD  
Accident  
md



Name  
in  
Full

(Infant)

Hahn

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY  
NEAREST FRIEND

Died at PC Bradalone W Va

County  
Garrett

Date of death <u>1906</u>	Month <u>April</u>	Day	Years	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>	Age <u>36 hours</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Bliss Hahn</u>	Father's Birthplace <u>Garrett Co</u>				
Mother's Maiden Name <u>Whitchar</u>	Mother's Birthplace <u>Preston Co W Va</u>				
Name of person giving information <u>Bliss Hahn</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>bf</u>	How long
Immediate <u>Hemiplegia</u>		How long

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
<u>yes</u>	<u>J. Gilbert Selby</u>	
	<u>Egion W Va</u>	

Accident or Suicide?

Dr Barnscroft  
Oakland Ind

Name  
in  
Full

Rebecca Harden

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

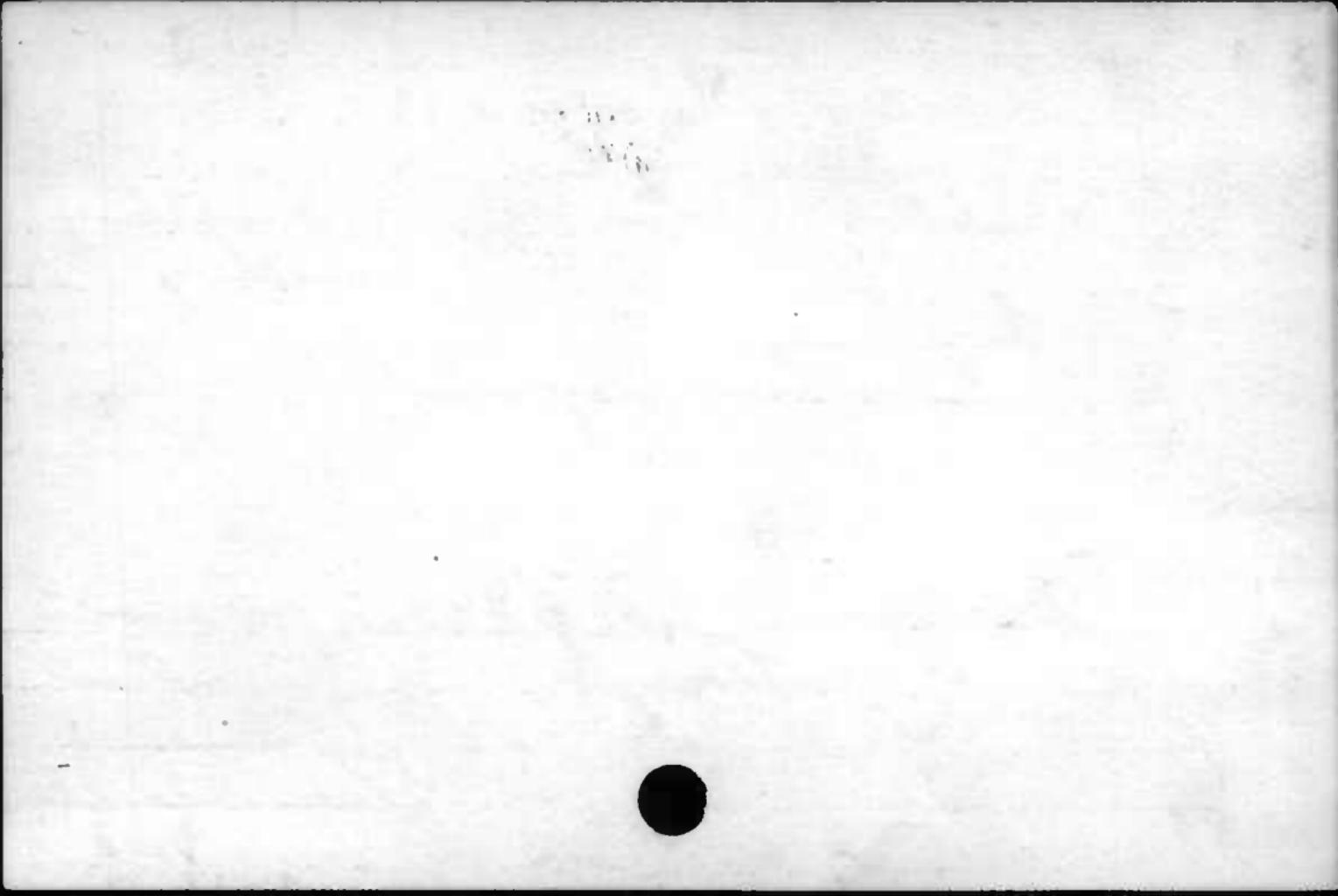
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1906	April	30	85	8	22	
Sex	Female	Color or Race	White	Birth-place	Md.	
Occupation	House Wife		Where Residing if not at place of death	Accident		
Married, Single or Widowed	Widow		Name of Wife or Husband	James Harden		
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information	W. Truhle			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Suicide	(P)	How long
Immediate	Dilution Phlor	(P)	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

MR. Boyer  
Accident  
Md



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jerome Layman

Town Sutton

County Garrett

MARYLAND

Died at

Frostburg

Month

Day

Years

Months

Days

Date

of death

1906 April 2

Age 26

6

19

Sex

Female

Color or  
Race

White

Birth-  
place

Frostburg

Occupation

Housewife

Where Residing if not  
at place of death

Frostburg

Married, Single  
or Widowed

Singh

Name of Wife or  
Husband

Father's  
Name

Anthony Layman

Father's  
Birthplace

Strand Hill

Mother's  
Maiden Name

Elizabeth Robinson

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

(41)

CAUSES OF DEATH

Primary

Malnutrition & Disease

How long

4 months

Immediate

Henderson

How long

One hour

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

H. T. Robinson  
Granville  
Md

Accident or Suicide?

Dear  
Mr. Bicker Boardford  
Sir Wm. Ma

Name  
in  
Full

Rebecca C. Soger

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt. Lake Park</u>		Town	County <u>Harford</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Apr.</u>	Day <u>15</u>	Years <u>55</u>	Age <u>55</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Where Residing if not at place of death		Birth-place <u>Md</u>		
Occupation <u> </u>		Name of Wife or Husband <u> </u>				
<input checked="" type="checkbox"/> Maiden Name	<input checked="" type="checkbox"/> Widowed					
Father's Name <u> </u>				Father's Birthplace		
Mother's Maiden Name <u> </u>				Mother's Birthplace		
Name of person giving information <u>E. H. Smith</u>		21		How related to deceased	<u>Not a son</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia Tuberculosis

How long

10 years

Immediate

Pneumonia Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

M. C. Hembrough

Address

Coxeoud

Accident or Suicide?



Name  
in  
Full

John H Meeker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Years	Months Days
10/26	24	66	
Sex	Color or Race	Birth-place	
Male	white	Imp	
Occupation	Where Residing if not at place of death		Md
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband		
W	Hanner		
Father's Name	Father's Birthplace		Md
Mother's Maiden Name	Mother's Birthplace		Md
Name of person giving information	How related to deceased		son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Accidental

166

How long

Immediate

Killed by train.

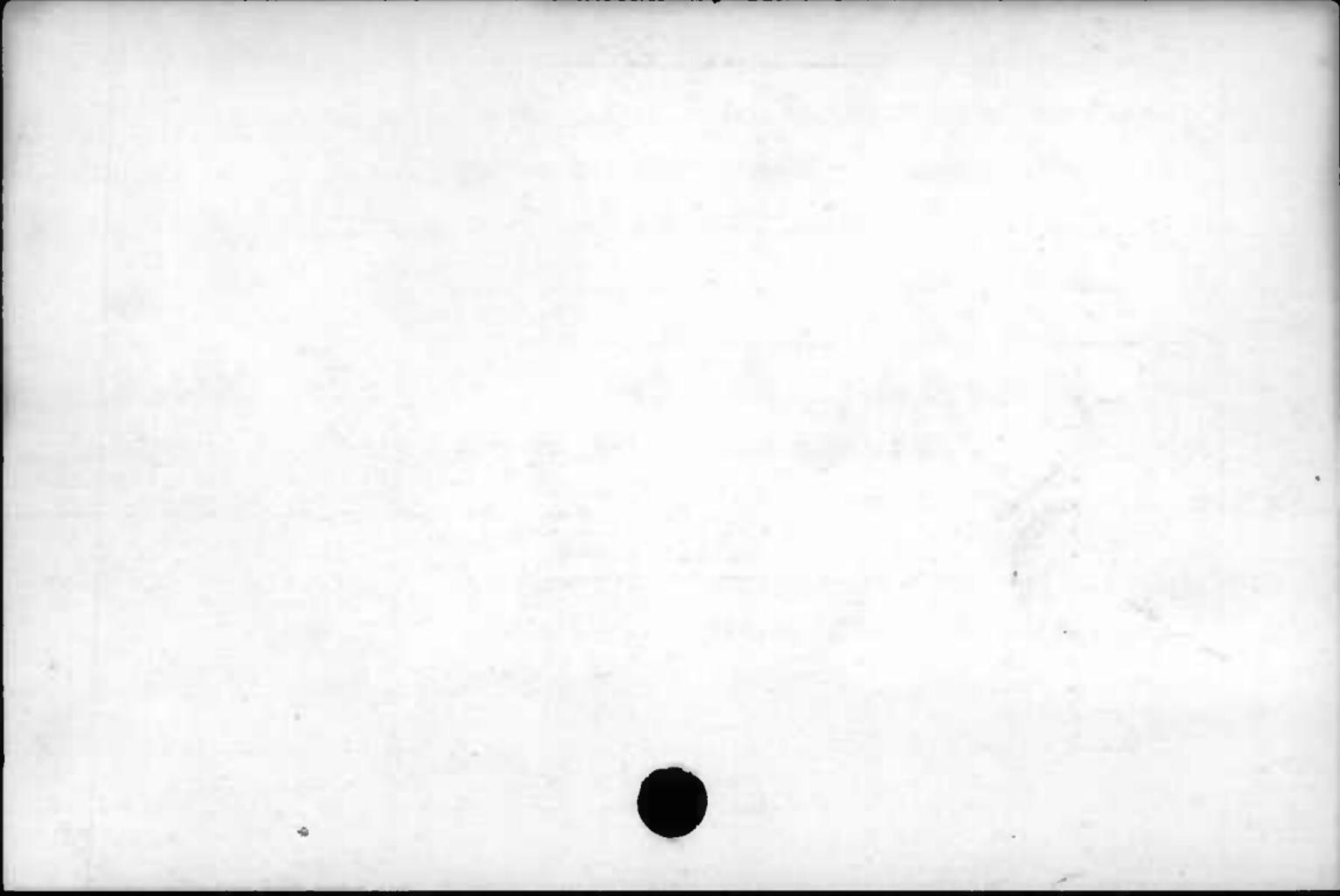
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

George R Teats  
Town

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Near accident</u>		Town <u>Garrett</u>		County <u>MARYLAND</u>		
Date of death <u>1906</u>	Month <u>Apr</u>	Day <u>23</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>			
Occupation <u> </u>	Where Residing if not at place of death <u> </u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Joseph Teats</u>	Name of Wife or Husband <u> </u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Rebecca Hutzle</u>			Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>Joseph Teats</u>			How related to deceased <u>Father</u>			
CAUSES OF DEATH						

PHYSICIAN  
RECONNEC

10

PHYSICIAN  
OR CORONER

### Primary

## Molformation

How long

### Immediate

Molformations  
Ruptured blood vessels of abdomen  
How long 6 hrs

How long

## Are the ha... and the...

Molformations  
Ruptured blood vessels of abdomen  
How long 6 hrs

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

### Address

## Accident or Suicide?

Friendsville Sanitary